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Memorandum

To: Healthcare Providers

Health Insurers Health Plans

From: Robert W. Morrison, Vaccine Manager

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Subject: Update on State-Supplied Vaccine Availability

Over the past several months there have been a number of new vaccines licensed, as well as expanded recommendations for some previously licensed vaccines. Earlier memos sent by the Massachusetts Department of Public Health (MDPH) have addressed these new vaccine recommendations issued by the Advisory Committee on Immunization Practices (ACIP) and the availability of these vaccines through the Department. This memo replaces earlier memos and provides an update on the following vaccines: hepatitis A vaccine, varicella vaccine, MMR (measles, mumps, and rubella) vaccine, MMRV (measles, mumps, rubella and varicella) vaccine, tetanus, diphtheria and acellular pertussis (Tdap) vaccine, rotavirus vaccine, meningococcal conjugate (MVC4) vaccine, and human papillomavirus (HPV) vaccine and. Also included is information on vaccine ordering for both state-supplied and private purchase vaccine.

Hepatitis A Vaccine

In October 2005, the ACIP recommended hepatitis A vaccine for all children 12-23 months of age. Vaccination should be integrated into the routine childhood vaccination schedule. Children who are not vaccinated by 2 years of age can be vaccinated at subsequent visits. Recommendations for hepatitis A vaccination of groups at high risk have not changed. The final ACIP recommendations for the prevention of hepatitis A can be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm?s_cid=rr5507a1_e

MDPH is now supplying hepatitis A vaccine for the routine immunization of all children 12-23 months of age. MDPH will continue to supply hepatitis A vaccine for high-risk children through 18 years of age and adults in high risk groups seen at public provider sites. However, state-supplied hepatitis A vaccine is not available for catch-up immunization of children 2 years of age and older.

Varicella Vaccine

In June 2006, the ACIP recommended two doses of varicella vaccine for all children. Varicella vaccine should be given routinely at age 12-15 months and at kindergarten entry (4-6 years of age). Previously, two doses were only recommended for those 13 years of age or older. Second dose catch-up varicella vaccination is recommended for children, adolescents and adults who previously had received one dose. The minimum interval between doses for children 12 months through 12 years of age is 3 months, compared to 4 weeks for those 13 years of age and older. The provisional ACIP recommendations for the use of varicella vaccine can be found at:

http://www.cdc.gov/nip/vaccine/varicella/varicella acip recs prov june 2006.pdf

State supplied varicella vaccine is available for the routine immunization of all children 12 months through 18 years of age. This now includes the routine 2nd dose vaccine recommendation for children entering kindergarten (4-6 years of age). However, MDPH will not be able to provide vaccine for 2nd doses for catch-up immunization of children who had previously received one dose. State-supplied varicella vaccine can also be used for household contacts of immunocompromised individuals, regardless of age and adults in high-risk groups seen at public provider sites. In addition, a limited amount of varicella vaccine will be available for outbreak control.

MMR Vaccine

In May 2006, the ACIP updated the mumps vaccination recommendations in response to the national mumps outbreak. Two doses of MMR or mumps-containing vaccine are now recommended for all school-aged children and adults at high risk (i.e., healthcare workers). The new recommendations can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55e601a1.htm?s_cid=mm55e601a1_e

State-supplied MMR vaccine is available for all children 12 months through 18 years of age, adults in high-risk groups seen at public provider sites, and for outbreak control.

MMRV Vaccine

MMRV vaccine is licensed for use in children 12 months through 12 years of age for vaccination against measles, mumps, rubella and varicella. Use of licensed combination vaccines, such as MMRV, is preferred over separate injections.

MDPH will now be supplying MMRV vaccine for routine vaccination of children when both varicella and MMR are indicated.

Tdap Vaccine

In June of 2005, the ACIP voted to recommend the use of Tdap vaccine in adolescents. The final ACIP recommendations were published in February 2006 and can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a1.htm?s_cid=rr55e223a1_e. In addition, provisional recommendations for the use of Tdap vaccine in pregnant women were issued in August 2006 and can be found at: http://www.cdc.gov/nip/recs/provisional recs/tdap-preg.pdf

MDPH is expanding the groups approved state-supplied Tdap vaccine. In October 2005, MDPH began supplying Tdap vaccine for the routine immunization of adolescents 11-12 years of age and those 13-18 years of age who had not yet received Td. State-supplied Tdap vaccine may now be used for those 13-18 years of age who have been exposed to pertussis or in an outbreak setting. MDPH will be adjusting state-supplied Tdap vaccine allocations to factor in this expansion. However, the supply for this indication is

limited and may not be sufficient to meet the entire demand. MDPH is not providing Tdap for use in adults.

Rotavirus Vaccine

The ACIP has recommended rotavirus vaccine for the routine immunization of infants at 2, 4 and 6 months of age. The series may be started as early as 6 weeks of age. Rotavirus vaccination should not be initiated for infants older than 12 weeks and all 3 doses should be administered by 32 weeks of age. The ACIP recommendations for the use of rotavirus vaccine can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1.htm

MDPH is now supplying rotavirus vaccine for infant immunization. However, currently the only rotavirus vaccine being provided is that available through the federal entitlement, Vaccines for Children (VFC) program. State-supplied rotavirus vaccine doses must be prioritized for VFC eligible children. MDPH will secure as many doses as allowable from the federal Center for Disease Control and Prevention (CDC) contract for the VFC eligible cohort.

Vaccines For Children Program (VFC) Eligibility

The VFC program provides vaccine free of charge for children under 19 years of age who are:

- enrolled in Medicaid;
- without health insurance;
- American Indian or Alaska Native; or
- seen at federally qualified community health centers.

MCV4 Vaccine

There continue to be significant supply issues with MCV4. In May 2006, the ACIP recommended deferring vaccination of persons 11-12 years of age. The ACIP recommends that providers continue to vaccinate adolescents at high school entry, college freshmen and other groups at increased risk for meningococcal disease. These updated recommendations can be found at: http://www.mass.gov/dph/cdc/epii/imm/alerts/meningococcal availability.pdf.

State-supplied MCV4 should still be used for VFC-eligible children (see box above) in any of the ACIP recommended groups, with the exception of those 11-12 years of age.

HPV Vaccine

The ACIP has recommended a 3-dose series of the recently licensed HPV vaccine for females at 11-12 years of age. Vaccination can start as early as 9 years of age. Catch-up vaccination is recommended for females 13 to 26 years of age. The provisional ACIP recommendations can be found at http://www.cdc.gov/nip/recs/provisional recs/hpv.pdf

At this time there is no federal or state funding available to purchase this vaccine. It is expected that federal VFC funds will be available in late fall 2006, at which point MDPH will supply HPV vaccine for VFC eligible children (see box above).

Vaccine Ordering

Providers will need to use a combination of state-supplied and private purchase vaccine in order to immunize all of the ACIP recommended cohorts. State-supplied vaccine can be used for the cohorts indicated. Private purchase vaccine will be needed to reach the non-VFC-eligible children in the recommended cohorts for rotavirus, MCV4 and HPV, as well as for vaccinating beyond the groups for whom state-supplied vaccine can be used.

• State-Supplied Vaccines:

The MDPH vaccine order and usage forms (enclosed) have been updated to include the new vaccines. With the exception of varicella and MMRV vaccine, all other vaccines are available through your local vaccine distributor. For those state-supplied vaccines that are not available for all the ACIP recommended cohorts (i.e., rotavirus, Tdap, MCV4) MDPH has used practice profile data and doses administered data to calculate ordering parameters (limitations) for each provider. While HPV vaccine is included on the vaccine order and usage form, it is not available to order from MDPH at this time. Providers will be notified when state-supplied HPV vaccine becomes available.

Similar to varicella vaccine, MMRV vaccine is shipped directly to providers by the vaccine manufacturer (Merck). The varicella vaccine order form and usage forms (enclosed) have been updated to include MMRV vaccine. Providers should use their existing inventories of varicella and MMR before placing orders for the combination MMRV vaccine. Providers can continue to order both varicella and MMR for situations where both vaccines are not indicated at the same time.

• Private Purchase Vaccine:

Providers will need to purchase vaccine privately to augment their state-supplied vaccine, particularly for those vaccines only being supplied for VFC eligible children (i.e., rotavirus, MCV4). Private purchase vaccine should be used to immunize children in the recommended groups for whom state-supplied vaccine is not available. Most health plans reimburse for ACIP-recommended vaccines not supplied universally by the state. Providers should check with the individual plans for more information. In addition, the Massachusetts Chapter of the American Academy of Pediatrics website contains information on which health plans are reimbursing for certain vaccines (http://www.mcaap.org/ii/new/). A list of the current procedural terminology (CPT) codes for vaccines can be found at http://www.ama-assn.org/ama/pub/category/10902.html.

Most vaccines can be ordered directly from the vaccine manufacturer or are available from pharmaceutical distributors. For inventory management purposes, providers will need to be able to distinguish between state-supplied vaccine and private purchase vaccine. Private purchase vaccine inventory and doses administered data should not be included on the MDPH vaccine order and usage forms.

We will continue to keep you updated on the availability of state-supplied vaccines. If you have any questions, please contact the MDPH Vaccine Management Unit at 617-983-6828.